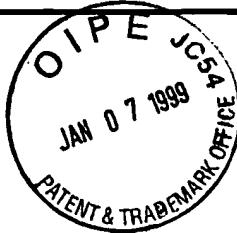


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
SELF.P-005US2



In re Application of McAleer et al.	
Application Number 09/005,710	Filed 1/12/98
For Disposable Glucose Test Strips...	
Group Art Unit 1741	Examiner Bell, B.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | | |
|-------------------------------------|----------------------------------|------------------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ 380.00 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> | Five months (37 CFR 1.17 (a)(5)) | \$ _____ |

Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

A small entity statement under 37 CFR 1.27:

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JAN 19 1999

GROUP 1700

is enclosed.

has already been filed in this application.

A check in the amount of the fee is enclosed.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 15-0610. I have enclosed a duplicate copy of this sheet.

I am the assignee of record of the entire interest.

applicant.

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

01/14/1999 RTSEGAYE 00000056 09005710

02 FC:116

1/4/99
380.00 OP
Date



Signature

Marina T. Larson, Ph.D.

Typed or printed name

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.